



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1247

**DATE:** June 7, 2013

**TO:** Iowa Medicaid Nursing Facilities (NF), Skilled Nursing Facilities (SNF), Intermediate Care Facilities for the Intellectually Disabled (ICF/ID), Hospitals, and Physicians

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**SUBJECT:** Limited Initial Institutional Stay

**EFFECTIVE:** July 1, 2013

Pursuant to a legislatively mandated cost-containment measure in Senate File 446, effective July 1, 2013, Iowa Medicaid is limiting initial authorizations for institutional-based care to 30 days following discharge from a hospital if the member previously lived in a community-based setting. This change applies to admissions to nursing facilities, skilled nursing facilities, and intermediate care facilities for persons with an intellectual disability (ICF/ID). Institutional placement is intended to be for the shortest duration possible allowing the member to return to the community at the earliest possible opportunity. Medicaid members must always be given the choice between community-based and institutional options.

Discharge planning should begin at the time of the hospital admission and continue upon admission to the facility. Hospital and facility discharge planners should assist members who choose community-based care by making a referral for Home and Community-Based Services (HCBS) through the member's local Department of Human Services (DHS) office. More information on HCBS supports is available on the IME website at:  
<http://www.ime.state.ia.us/HCBS/HCBSindex.html>.

For members seeking admission to a facility, a revised version of the Level of Care Certification (Form 470-4393) is available at: [www.ime.state.ia.us/Providers/Forms.html](http://www.ime.state.ia.us/Providers/Forms.html). This form requests information regarding the medical need for placement. Please use the revised form beginning July 1, 2013. Because initial authorizations for these members will be limited to 30 days, it is essential that providers submit the certification form as soon as possible when taking a new admission.

The current criteria for nursing facility, skilled nursing facility, or ICF/ID level of care will determine the appropriate placement. Facilities will receive a written Notice of Decision (NOD) that will include the number of days authorized for the facility admission.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or locally at 515-256-4609, or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).